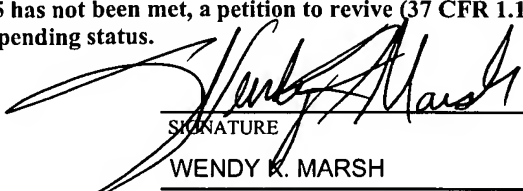


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| FORM PTO-1390<br>(REV. 10-2003)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY'S DOCKET NUMBER<br>P07109US00                              |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                         | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/524171</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/KR2003/001608                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INTERNATIONAL FILING DATE<br>08/11/2003 | PRIORITY DATE CLAIMED<br>08/12/2002                     |                                                                     |
| TITLE OF INVENTION<br>NANO GRINDING MILL (DRIED TYPE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                                         |                                                                     |
| APPLICANT(S) FOR DO/EO/US<br>KANG, DAE IL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                         |                                                                     |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                         |                                                                     |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</li> <li>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input checked="" type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |                                         |                                                         |                                                                     |
| Items 11 to 20 below concern document(s) or information included:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                         |                                                                     |
| <ol style="list-style-type: none"> <li>11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input type="checkbox"/> A preliminary amendment.</li> <li>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</li> <li>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</li> <li>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input type="checkbox"/> Other items or information:</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                                         |                                                                     |

| U.S. APPLICATION NO. <b>10/524171</b> INTERNATIONAL APPLICATION NO. <b>PCT/KR2003/001608</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |            | ATTORNEY'S DOCKET NUMBER<br><b>P07109US00</b> |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|------------|-----------------------------------------------|--------------|--------------|------|----|--------------|----------|---|-----------|----|--------------------|---------|---|-----------|----|---------------------------------------------|--|--|------------|----|--------------------------------------|--|--|--|-------------|----|--------|
| 21. <input checked="" type="checkbox"/> The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)):</b><br>Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO. .... <b>\$1080.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO ..... <b>\$920.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... <b>\$770.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... <b>\$730.00</b><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... <b>\$100.00</b><br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b> |              |              |            | <b>CALCULATIONS PTO USE ONLY</b>              |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |            | \$                                            | 1,080.00     |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> <th style="width: 20%;">\$</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>3 - 20 =</td> <td>0</td> <td>x \$18.00</td> <td>\$</td> </tr> <tr> <td>Independent claims</td> <td>3 - 3 =</td> <td>0</td> <td>x \$86.00</td> <td>\$</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+ \$290.00</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$ 1,210.00</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                           |              |              |            | CLAIMS                                        | NUMBER FILED | NUMBER EXTRA | RATE | \$ | Total claims | 3 - 20 = | 0 | x \$18.00 | \$ | Independent claims | 3 - 3 = | 0 | x \$86.00 | \$ | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | + \$290.00 | \$ | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$ 1,210.00 | \$ | 130.00 |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NUMBER FILED | NUMBER EXTRA | RATE       | \$                                            |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| Total claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3 - 20 =     | 0            | x \$18.00  | \$                                            |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| Independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3 - 3 =      | 0            | x \$86.00  | \$                                            |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              | + \$290.00 | \$                                            |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |              |            | \$ 1,210.00                                   |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |            | \$                                            | 605.00       |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |              |            | \$                                            | 605.00       |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| Processing fee of <b>\$130.00</b> for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |            | \$                                            |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |            | \$                                            |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |            | \$                                            |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |            | \$                                            | 605.00       |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |            | Amount to be refunded:                        | \$           |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |            | charged:                                      | \$           |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>605.00</u> to cover the above fees is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |              |            |                                               |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| b. <input type="checkbox"/> Please charge my Deposit Account No. <u>26-0084</u> in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |              |            |                                               |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>26-0084</u> . A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |            |                                               |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |              |            |                                               |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |            |                                               |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| SEND ALL CORRESPONDENCE TO:<br><br><b>WENDY K. MARSH</b><br><br>McKee, Voorhees & Sease, P.L.C.<br>801 Grand Avenue, Suite 3200<br>Des Moines, IA 50309-2721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |              |            |                                               |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
| <br>SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |              |            | <b>WENDY K. MARSH</b><br>NAME                 |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |            | <b>30,705</b><br>REGISTRATION NUMBER          |              |              |      |    |              |          |   |           |    |                    |         |   |           |    |                                             |  |  |            |    |                                      |  |  |  |             |    |        |